DOCUMENT RESUME

ED 298 724 EC 210 760

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TITLE Concurrent Services Model.
INSTITUTION Washington Univ., Seattle. Coll. of Education.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC. Handicapped Children's Early Education Program.; Washington Office of the State Superintendent of Public Instruction, Olympia. Div. of Special Services and Professional Programs.
PUB DATE Jun 87
GRANT G008002226; G008401381; G009300528
NOTE 110p.; Produced by the Single Portal Intake Project.
AVAILABLE FROM University of Washington, Nancy Smith, Experimental Education Unit, WJ-10, Child Development and Mental Retardation Center, Seattle, WA 98195 ($5.00 payable to the University of Washington).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Administrative Change; *Agency Cooperation; *Change Strategies; *Cooperative Planning; *Coordination; *Delivery Systems; *Disabilities; Elementary Secondary Education; Models; Organizational Communication; Parent Participation; Preschool Education; Program Evaluation; Program Implementation; Records (Forms); Social Agencies; Youth Agencies

ABSTRACT

Children with disabilities and their families tend to interact with numerous human services agencies, but often no formal mechanisms exist to coordinate the agencies' services. The Concurrent Services Model was developed and pilot tested to meet this need. Strategies are offered to ensure that interactions among agencies become more efficient and comfortable for all participants, and that interagency cooperation becomes more beneficial for professionals, parents, and children alike. The strategies aim to be easy to implement, to require few additional resources and staff, and to be detailed enough to facilitate implementation. The successful completion of these strategies requires administrative support and encourages parent involvement. The model is organized into five issue areas: identification and awareness, communication among service providers, individualized planning, communication with parents, and evaluation of concurrent services activities. For each issue area, strategies are outlined along with required actions, persons involved, materials needed, and evaluation questions. Many sample forms are included, such as surveys of concurrent service providers and community services, correspondence, program description form, program evaluation form, conflict recognition worksheet, needs identification form, individualized education program input form, parent satisfaction survey, and mutual exchange of information form. (JDD)

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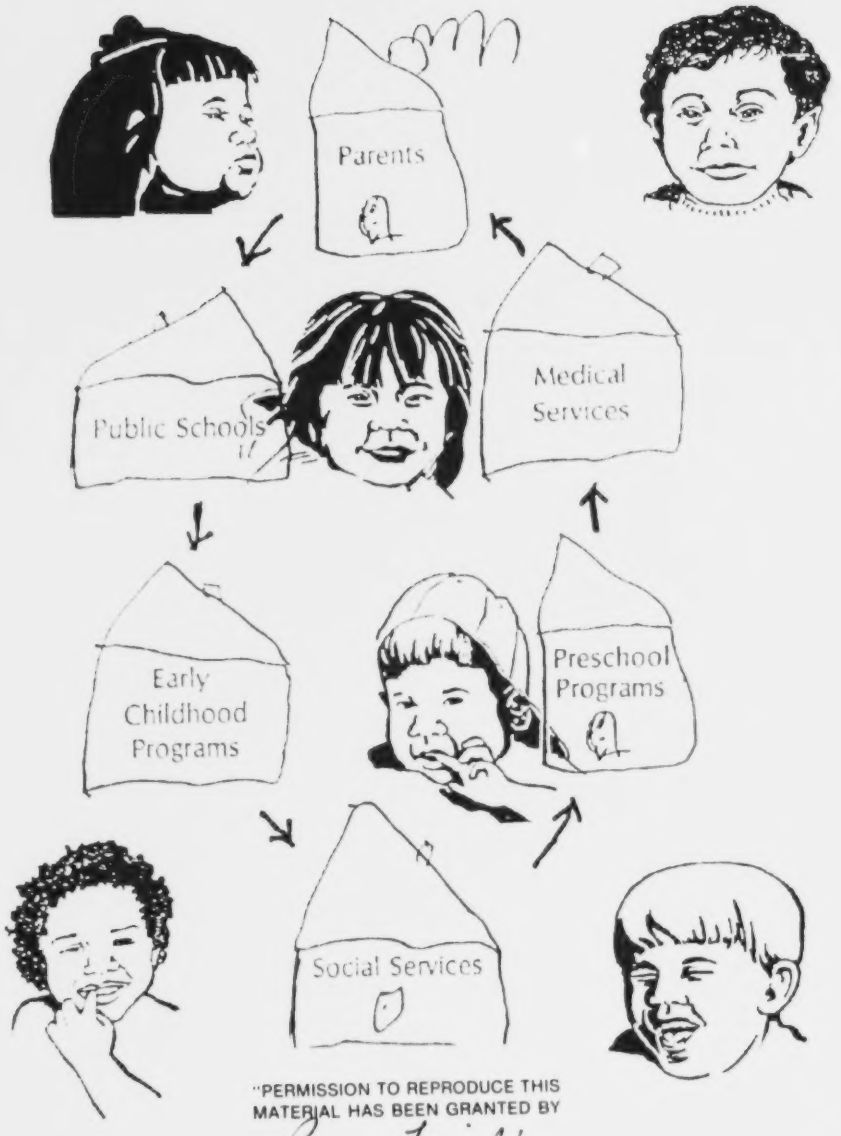
Concurrent Services Model



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CONCURRENT SERVICES MODEL

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Produced by the Single Portal Intake Project, University of Washington under grant number G008002226, the Washington State Implementation Grant, Regional Interagency Center under grant number G009300528, and the Coordinated Service Delivery for Young Handicapped Children Project under grant number G008401381 from Special Education Programs, United States Department of Education. The opinions expressed herein do not necessarily reflect the position or policy of the United States Department of Education and no official endorsement by the United States Department of Education should be inferred.

Dear Colleague:

The complexity of providing comprehensive services to children with disabilities has resulted in collaborative interaction between professionals from various agencies. Although buzz words such as "interagency agreements," "across-agency cooperation," and "interagency teams" have gained notoriety (both good and bad) several "facts" remain. Children with disabilities and their families tend to interact with numerous human services agencies, there are no formal mechanisms to coordinate the services these agencies provide, there simply are not enough services to meet the demand, and a logical response to these "facts" is to coordinate the delivery of services.

As logical as these notions appear, my experience has led me to the conclusion that human services in the United States cannot be assumed to operate in a logical manner. Through many painful attempts to use logic, I have come to view this entire topic as illogical and non-rational. Although this approach has caused me to decrease my expectations, I have also greatly decreased my frustration and anger about "how things should be." Very little surprises me concerning "how bad things are organized." Conflicting eligibility standards, duplication of services (especially assessment services), lack of communication between similar agencies, jargon that sounds the same yet means different things, a propensity to use plan as a noun rather than a verb...all the frustrations of interagency interactions no longer surprise nor anger me. Adopting this viewpoint had enabled me to continue my efforts in this area with good humor and even optimism. I hope that you, too, may share these feelings of equanimity.

The irrationality of human services has led directly to the development of the Concurrent Services Model. Regardless of how things are, individual human service providers are faced, often daily, with the task of providing services to a specific child and/or her/his family. In those instances when the child or family is concurrently receiving services from another agency, there is always the need for collaboration between these serving agencies. This collaboration may range from simply being aware that the other agency is providing a service to the actual sharing of information between agencies to the very advanced state of joint agency planning of service delivery to a specific child.

We developed the Concurrent Services Model with this need in mind. As with our various transition models, we began by interviewing many providers of human services to obtain a list of the types of problems they face when multiple services are being delivered concurrently by different agencies. We have listened to their ideas and have tried to organize their thoughts into a series of recipes that can be used to solve some of these problems. The recipes or strategies are designed to ensure that interactions between agencies become more efficient and comfortable for all participants, and that interagency cooperation becomes more beneficial for professionals, parents, and children alike. Thus, the successful completion of these strategies requires administrative support and encourages parent involvement.

As with all attempts to ameliorate a problem, only try to fix what is broken...if things are working, they are probably best left alone! Therefore, any single agency would probably never use all the recipes found in the

Concurrent Services Model. Pick and choose those which appear to be most relevant to your needs.

By definition, attempting to coordinate services across agencies boils down to the issue of personality among the key players. In simple terms, people who have good human relationship skills will do better than those who find it difficult to get along with others. Key people who are egotistic, power hungry, dictatorial, etc...will present stumbling blocks to the proposed procedures. These simple recipes will not provide a magical cure the long histories of professional infighting (or even short histories of agency non-cooperation). However, for those who desire to try to work together, these strategies will prove beneficial.

Who will take the lead to make this all happen? A good question and perhaps THE MOST IMPORTANT ISSUE. In our experience, we have found that successful interagency activities are always dependent on some key individual making them happen. We call this individual a "vital person." Such an individual may be a concerned administrator, or a highly motivated direct service provider (special education teacher, school psychologist, etc.). This individual 1) firmly believes that some interagency collaboration is absolutely necessary, 2) is willing to devote the time and energy to making it happen, 3) has good skills in dealing with people, 4) has the determination to keep going when things get frustrating, and 5) is a "nice person ".

We invite you "vital people" to use the strategies of our model.

Eugene Edgar

Eugene Edgar

Seattle, Washington

June, 1987

Concurrent Services Model

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Preface

The Concurrent Services Model was developed by the Single Portal Intake Project, Coordinated Service Delivery for Young Handicapped Children Project, and the Regional Interagency Center in cooperation with parents, administrators, assessment personnel and direct service staff from school districts, Head Start programs, and community mental health centers. Individuals in private practice in the fields of child psychiatry, physical therapy, and speech and language pathology were also involved in the development of the model. The Single Portal Intake Project received funding through the Handicapped Children's Model Project and the Coordinated Service Delivery for Young Handicapped Children Project received funding through the Handicapped Children's Early Education Program, both administered by the United States Department of Education, Special Education Programs. Additional funding was provided by the Washington State Office of the Superintendent of Public Instruction, Division of Special Services and Professional Programs, under the State Implementation Grant.

Special thanks are extended to the following administrators and their staffs for their assistance and support in the development and evaluation of the model:

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Special thanks are also extended to the following administrators and their staffs for their assistance in field-testing the model during 1984-1985:

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User's Guide

1. Read the **Introduction.**

2. Identify your current problems regarding concurrent services by using the **Concurrent Services Troubleshooting Guide.** Circle the problems that need to be solved and the matching strategies.

3. Select strategies with your concurrent services partners based on the **Concurrent Services Troubleshooting Guide** results. Turn to the strategies in the **Strategy Outline.** Or, for more detail, refer to the specific strategies shown within each of the major sections.

4. Prioritize the selected strategies based on your current needs relating to concurrent services.

5. Explain the strategies to staff and discuss their roles in using the concurrent services procedures.

6. Explain the strategies to parents and discuss their roles in using the concurrent services procedures.

7. Determine timelines and delineate responsibilities for implementing each strategy.

8. Carry out the strategies based on your timeline.

9. Evaluate the concurrent services strategies and process with parents and staff by using the evaluation tools included in the Model.

10. Decide on future concurrent services activities based on the evaluation results.

COORDINATED SERVICE DELIVERY
FOR YOUNG HANDICAPPED CHILDREN

FINAL REPORT
JUNE 1987

Young handicapped children with special needs and their families require an array of services which are often delivered by more than one agency or service provider. When two or more providers are serving the same child, problems may arise due to multiagency involvement and lack of coordination. There are two specific occasions when service providers naturally interact: 1) TRANSITIONS - when a child moves from one primary service provider to another; and 2) CONCURRENT SERVICES - when two or more providers are simultaneously serving the same child. The two models developed are The Early Childhood Interagency Transition Model and the Concurrent Services Model.

Over the past few years the Networking and Evaluation Team (NET) at the University of Washington has studied the problem of interagency coordination and has developed a set of model procedures that have been pilot tested in Washington State. The current project, COORDINATED SERVICE DELIVERY FOR YOUNG HANDICAPPED CHILDREN, was developed and conducted by NET staff to ensure that the collaborative efforts of child service providers in the field are successful. The project aim was to provide agencies and school districts with effective and tested strategies through the refinement, field-testing, and evaluation of these collaborative procedures.

I. PURPOSE AND GOALS

The COORDINATED SERVICE DELIVERY project was funded in 1984 by the Handicapped Childrens' Early Education Program administered through the Office of Special Education and Rehabilitative Services, U.S. Department of Education. (Additional support has been provided by the Regional Interagency Center, funded under a State Implementation Grant by the Washington Office of the Superintendent of Public Instruction). The purpose of the project was to refine and expand the interagency coordination procedures proposed by the two models, to replicate the models in other states, and demonstrate a systems change process which is initiated at the service level.

The following is a summary of project goals for Years 1, 2, and 3.

YEAR 1, GOAL: To field-test and refine collaborative service delivery models leading to statewide implementation of coordinated interagency services for young handicapped children and their families.

YEAR 2, GOAL A: To develop, field-test, evaluate, and revise training materials to further state-wide use of the collaborative service delivery models.

YEAR 2, GOAL B: To implement the collaborative models in several replication sites outside Washington State.

YEAR 3, GOAL A: To evaluate and package the collaborative service delivery models and the accompanying training materials.

YEAR 3, GOAL B: To implement training materials in out-of-state replication sites while monitoring the continued effectiveness of the models.

YEAR 3, GOAL C: To promote dissemination and continuation efforts on behalf of the collaborative models and the accompanying training materials (added to the third year continuation proposal).

II. PROCEDURES

The major task of this project was the development of recipes or procedures for relevant problems in the area of interagency collaboration that were easy, effective, low cost, and as foolproof as possible. Four key issues were used in developing these procedures:

a) There is a perceived need by the agencies and a desire to alter current practices. (In developing these procedures, NET staff interviewed and listened carefully to agency staff in order to understand the problems they are facing rather than provide solutions to problems that do not exist.)

b) Strategies are effective and field-tested in applied settings.

c) Strategies are easy to implement, require little additional resources and staff, and replace rather than add activities.

d) Strategies are detailed enough to facilitate implementation and stand on their own.

Concurrent Services Model

CONCURRENT SERVICES TROUBLESHOOTING GUIDE

Evaluation of Current Concurrent Services Process

The following questions will help you evaluate the effectiveness of your current concurrent services procedures. If your answer is a "no" or a qualified "yes" to any of the four questions, this model will help you improve your concurrent services procedures.

1. Do you have an established process for coordinating programs for children who are receiving services from more than one agency or service provider?

   Yes____No____

2. Do all the people involved understand what services are being provided by each agency or service provider, who is involved, how the services are being delivered in each setting, and how all parties will work together?

   Yes____No____

3. Do you find that services are complementary rather than contradictory?

   Yes____No____

4. Do you have procedures for referring children to another agency or service provider when there are unmet service needs?

   Yes____No____

Selection of Strategies

The following problem statements will help you and your service partner(s) select specific strategies to improve your concurrent services procedures. Review the problems, and circle those that apply to your existing concurrent services process. The strategies that will help solve these problems are indicated on the right-hand side of the page. Then, look up the specific strategies shown within each of the major sections.

Problem		Related Strategy
I.	Planning	
1.	There is a lack of guidelines for staff on how to coordinate services.	B2, C3 All strategies
2.	Services are duplicated.	A2, B1, B2, C1
3.	Assessments are duplicated because their availability is not made known.	B1

4.	There are gaps in the services provided to some children.	B1, B2, C3
5.	Procedures are not evaluated by staff and parents as to effectiveness and changes needed.	E1 and individual strategy evaluations

II. Awareness

1.	Staff are not aware that the child is receiving outside services.	A1
2.	Staff members do not know what services the other agencies provide for children.	A2, A3
3.	Staff and parents don't know which service providers to contact in the community for help.	A3

III. Communication

1.	Staff do not communicate on an ongoing basis regarding a child's program and progress.	B2, B4
2.	Conflicts exist between service providers due to different philosophies, approaches and program constraints.	A2, B3
3.	Expectations for children vary between the programs resulting in confusion for the child and parents and conflict between programs.	C1, C2, B4

IV. Parent Involvement

1.	Parents receive mixed messages so become confused and frustrated.	C3, D2
2.	Parents do not know where to obtain services in the community.	A3
3.	Information from parent conferences is not shared between programs, so parents end up as "go-betweens."	B2, B4, D2
4.	Parents do not understand the purpose of concurrent services delivery.	D1

V. Training

1.	Staff don't have the skills they need to deal with specialized areas such as behavior management and physical management.	A4

MODEL ORGANIZATION

The model has been organized into five issue areas. For more information, refer to the Strategy Outline which includes: (1) strategies, (2) required actions, (3) persons involved, (4) materials needed, and (5) evaluation questions.

Each strategy can be used alone or in conjunction with other strategies depending on the needs of the agencies involved.

A. Identification and Awareness

- A1: Identify children who are receiving services from more than one service provider.
- A2: Increase awareness of staffs regarding programs serving "shared" children.
- A3: Develop a directory of outside service providers for use by staff and parents.
- A4: Provide opportunities for staff to upgrade skills and knowledge to better serve children with special needs.

B. Communication Among Service Providers

- B1. Summarize information available for determining eligibility and program planning.
- B2. Plan for information exchange, joint development of information and completion of assessment or programmatic needs.
- B3. Determine methods for dealing with conflicts among service providers.
- B4. Notify service providers of your participation in the development of individualized education programs or treatment plans.

C. Individualized Planning

- C1. Observe the children in the other setting and confer with the staff.
- C2. Discuss behavioral expectations for the child in each setting.
- C3. Organize a Community Resource Team for children with complex or unique needs.

D. Communication with Parents

- D1. Inform parents of the purpose of concurrent services delivery and observe appropriate release of information measures.
- D2. Determine appropriateness of holding joint parent conferences for selected children.

E. Evaluation of Concurrent Services Activities

- E1. Evaluate the concurrent services activities.

A. IDENTIFICATION AND AWARENESS

A1: Identify children who are receiving services from more than one service provider.

A2: Increase awareness of staffs regarding programs serving "shared" children.

A3: Develop a directory of outside service providers for use by staff and parents.

A4: Provide opportunities for staff to upgrade skills and knowledge to better serve children with special needs.

Strategy A1: Identify children who are receiving services from more than one service provider.

Required Actions:

1) Parents of children newly enrolled in a program respond to a question during the intake process identifying services the child is receiving.

2) Parents of children continuing in a program identify outside services at an IEP conference or other progress meeting.

3) For more detailed information, parents complete the **Survey of Concurrent Services Providers.**

4) The administrator or designee explains the benefits of concurrent services delivery to the parents (see Section D: "Communication with Parents").

5) Parents sign a **Mutual Exchange of Information** (see Section D: "Communication with Parents").

6) The administrator or designee completes a summary of ALL outside agency/service providers for those children receiving concurrent services.

Materials:

1) Survey of Concurrent Services Providers

2) Concurrent Services Summary

3) Signed Mutual Exchange of Information

The purpose of this strategy is to identify those children who are currently receiving services from another agency or service provider. By routinely asking parents about services their child receives from other agencies, direct service staff can begin to work toward eliminating conflicting program efforts. Staff should identify, at least annually, services delivered to both new and continuing children. Program staff ask parents during an intake process or during an IEP meeting to identify concurrent services providers. Specific questions regarding outside services should be added to forms routinely used during the intake and IEP processes. To provide program administrators with more detailed information, parents complete the **Survey of Concurrent Services Providers.** Ideally, parents should complete this survey prior to notification of the IEP meeting. Therefore, concurrent services providers can be invited to the planning meeting. When mailing the survey to parents, staff should include a cover letter explaining the benefits of concurrent services and a self-addressed stamped envelope to assure return of the survey.

Once parents and staff have identified what other agencies are providing additional services for the child, administrators and staff complete the **Concurrent Services Summary** in order to organize the information about service providers. Administrators and staff will then be able to identify at a glance the outside agencies that serve their children. They should share copies of the summary with appropriate agencies in order to make decisions on how best to coordinate existing services.

Strategy A1

Concurrent Services Model

SURVEY OF CONCURRENT SERVICES PROVIDERS

Child's Name:_____ Current Date:_____

Parent's Name:_____ Date of Birth:_____

Address:_____ Phone No.:_____

In order for our program to serve you and your child in the most efficient manner, we are asking you to complete all of the following questions. Please return the survey in the envelope provided.

IS YOUR CHILD CURRENTLY BEING SERVED BY ANY ONE OR MORE OF THE FOLLOWING?

SERVICE	YES	NO	AGENCY NAME & ADDRESS	CONTACT PERSON/PHONE	HOW OFTEN
1. Occupational Therapy	Y	N			
2. Physical Therapy	Y	N			
3. Speech & Language Specialist	Y	N			
4. Physician(s) (routinely seen for on-going medical problems and/or medications)	Y	N			

SERVICE	YES	NO	AGENCY NAME & ADDRESS	CONTACT PERSON/PHONE	HOW OFTEN
5. Mental Health Services	Y	N			
6. Child Protective Services	Y	N			
7. Developmental Disabilities Caseworker	Y	N			
8. Respite Care Services	Y	N			
9. Public Health Nurse	Y	N			
10. Hospital or Other Diagnostic Clinic	Y	N			

SERVICE	YES	NO	AGENCY NAME & ADDRESS	CONTACT PERSON/PHONE	HOW OFTEN
11. Day Care	Y	N			
12. Private Preschool	Y	N			
13. Regular Babysitter	Y	N			
14. Other	Y	N			

Do we have permission to contact any of the parties listed? YES_____ NO_____

Are there any you do not want us to contact? YES_____ NO_____

If yes, please list: _____

_____

_____

Parent(s) Signature _____ Date:_____

Thank you for your responses.

Strategy A1

Concurrent Services Model
CONCURRENT SERVICES SUMMARY

This form is to be used to summarize the outside agencies which provide services to children enrolled in_____(school district, program) during the program year.

Completed by_____Date_____

Service Type	Agency/ Service Provider	Contact Person	Phone	Names of children who have been identified as receiving these services
1. Occupational Therapy				
2. Physical Therapy				
3. Communication/Language Therapy				
4. Physicians routinely seen for ongoing medical problems and/ or medications				
5. Mental Health Services				
6. Child Protective Services				

7. Developmental Disabilities Caseworker

8. Respite Care Services

9. Public Health Nurse

10. Hospital or Other Diagnostic Clinic

11. Day Care

12. Private Preschool

13. Babysitter

14. Other_____

Strategy A2: Increase awareness of staffs regarding programs serving "shared" children.

Required Actions:

1) Determine the appropriate program awareness activity for each concurrent services provider:
   a) written contact;
   b) telephone contact; and/or
   c) Awareness of Programs meeting.

2) Prepare or update written program information to be disseminated through selected program awareness efforts.

3) Agency administrators or their representatives meet to plan an Awareness of Programs meeting.

4) Conduct and evaluate the Awareness of Programs meeting.

5) Copy completed **Program Overview Forms** and mail them with a follow-up letter to <u>all</u> persons invited to the Awareness of Programs meeting.

6) Complete written and/or telephone program awareness activities.

Materials:

1) Letter of Invitation to Awareness of Programs Meeting.

2) Awareness of Programs Meeting Agenda

3) Program Overview Form

4) Information Packet Outline

5) Awareness of Programs Evaluation

The purpose of the program awareness activities is to provide firsthand, up-to-date knowledge to each agency's staff about one another's programs and services to the children who are receiving concurrent services.

The logistics of planning program awareness efforts requires a continuum of activities, including written, telephone, and personal contacts. Regardless of the method selected, written program information needs to be continually updated prior to dissemination. Information obtained through Strategy A1 can be used to identify and prioritize recipients of program awareness efforts. These efforts should be directed towards administrators and direct service staff alike.

When planning an Awareness of Programs meeting, the administrators or their representatives meet to determine: the purpose of the meeting, the participants, handouts, the time, location, and the agenda. The **Awareness of Programs Meeting Agenda** provides guidance to the planners in determining topics and content for the meeting. The **Letter of Invitation** gives those

who are unable to attend an opportunity to provide written materials and consequently be represented. The **Program Overview Form** is an outline that helps all agencies share predetermined programmatic information in a concise manner. The **Information Packet Outline** provides a guide to selecting handouts for staff members' use in understanding each other's programs and services.

An evaluation of the meeting is conducted to determine plans for the following year, using the **Awareness of Programs Evaluation.** One staff member completes a brief summary of the evaluation results. This summary is reviewed by the administrators and shared with the direct service staff.

Copies of completed **Program Overview Forms** can be mailed with a follow-up letter to ALL invitees of the Awareness of Programs meeting. This important step futher disseminates current program descriptions and relays your agency's intent to collaborate. A timely follow-up activity also acknowledges the efforts of those who participated and encourages agencies that did not attend to participate next year.

Obtaining information and participation from service providers can be a difficult task. Agencies which are extremely large or highly specialized may not have anyone designated to provide program information. Additional efforts may be required in pursuing this type of cooperative activity. A personal visit to a selected staff member of such an agency can precipitate concurrent efforts. An Awareness of Programs meeting designed for a specific group may also be an appropriate introduction to further concurrent services planning.

Strategy A2

Concurrent Services Model

LETTER OF INVITATION TO AWARENESS OF PROGRAMS MEETING

(Date)

Dear Colleague:

The staff of the _____ (program name) are concerned about the coordination of service delivery to young children with special needs and their families.

We would like to invite you to an Awareness of Programs meeting. The purpose of this meeting is to give service providers the opportunity to exchange and update valuable information about their respective programs.

This meeting will take place:

_____
(date)

_____
(starting and ending times)

_____

_____
(place)

A(n) _____
(Program Overview Form or Information Packet Outline) is enclosed. Please be prepared to describe these components of your program(s). We encourage you to bring written material: We have invited _____ (number) participants. Each agency will have _____ (amount of time) to share information.

We hope to see you there.

Sincerely,

_____
(name)

_____
(title)

Please return this R.S.V.P. by _____ (date). Thank you.

_____ I will be there to exchange information.

_____ I will not be able to attend, but will submit written material describing our agency.

_____ I will not be able to attend this meeting.

_____
(name)

_____
(agency)

Strategy A2

Concurrent Services Model

AWARENESS OF PROGRAMS MEETING AGENDA

School District_____

Outside Agencies/Service Providers_____

_____

School Year_____

Date_____

The following outline was designed to assist you in determining the topics and content for your meeting.

I. **Overview of meeting agenda**

Outline the purpose and structure of the meeting.

II. **Introduction of presenters and participants**

Name, position, program responsibilities.

III. **Program Overviews**

Subtopics to include: program location, services available, staffing, population served, eligibility criteria and referral procedures, payment methods, general program philosophy, and parent involvement.

IV. **Assessment**

Subtopics to include: assessment tools used, assessment procedures, and frequency of assessment.

V. **Individualized Planning**

Review the procedures used for developing and implementing individualized education or treatment plans.

VI. **Informal Exchange**

Informal exchange between participants and presenters.

VII. **Evaluation**

Satisfaction Evaluation.

Strategy A2

Concurrent Services Model

PROGRAM OVERVIEW FORM

The Program Overview Form is designed to provide a format for describing your program to other concurrent services providers in lieu of or in addition to an already developed brochure. This common outline will help all programs share information in a concise manner.

School Year_____

Agency, Program Name

Program Location

I. Program Philosophy:

II. Description of Program:

III. Population Served:

IV. Service Delivery Mode(s):

Center-Based_____ Home-Based_____

Center & Home-Based_____

V. Related Services:

Communication/language therapy _____

Occupational therapy _____

Physical therapy _____

Other_____

Other_____

VI. Parent Involvement:

Conferences with staff _____

Regular newsletter to parents _____

Regular participation in program_____

Observation of program _____

Parent group _____

Other_____

VII. Assessment Tools, Assessment Procedures and Frequency of Assessment:

VIII. Individualized Planning:

IX. Curricula Used:

X. Eligibility Criteria and Referral Procedures:

XI. Payment Methods:

XII. Contact: Name:

Position:

Address:

Phone Number:

Strategy A2

Concurrent Services Model

INFORMATION PACKET OUTLINE

The following is a list of suggested information to include in an awareness of programs information packet.

- Program description (include philosophy and general goals)
- Services provided (include a brief description of each)
- Personnel
- Eligibility criteria
- Referral procedures
- Assessment procedures
- Parent involvement
- Exchange of information procedures (include a copy of your Release of Information Form)
- Individual plan development (include a copy of your plan format)
- Contact person(s) (include position, address and phone number)
  NOTE: At a minimum include the contact person for referrals.

Strategy A2

Concurrent Services Model
AWARENESS OF PROGRAMS EVALUATION

Date: _____

Position: _____

1. What did you like most about the meeting?

2. What did you like the least?

3. How useful was the meeting for giving you a better understanding of concurrent services providers in your community?

   1 2 3 4

   (1 = Not Very Useful, 4 = Very Useful)

4. What questions do you have now?

5. How useful were the materials you received at the meeting?

   1 2 3 4

   (1 = Not Very Useful, 4 = Very Useful)

6. Should this concurrent services meeting be held for staff next year?

   Yes_____ No_____

7. Recommendations/Comments:

Thank you!

Strategy A3: Develop a directory of outside service providers for use by staff and parents.

Required Action:

1) Determine the types of services to be listed in the directory.

2) Review available resources to identify potential service providers to be listed in the directory.

3) The administrator or designee requests written descriptions from service providers in the form of **Community Services Information Survey.**

4) Compile information from the **Community Services Information Surveys** into a directory.

5) Determine the procedures for updating the directory.

6) Staff share information from the directory with parents.

Materials:

1) Community Services Information Survey

A directory of outside service providers offers valuable information about services in the community. Staff need to identify what agencies can potentially meet a child's needs in order to determine the best providers to contact regarding services. Additionally, this information can assist staff in making appropriate referrals to other agencies.

The first step in preparing a directory is to clearly define the types of services to be listed. In an urban setting where many directories are already available, a specialized listing of parent support services might be needed. A comprehensive directory of ALL services available to children with special needs may be appropriate in a rural area. Once the focus of the directory is determined, existing resources are reviewed for possible inclusion. Printed materials available for examination typically include: community service directories, an agency's in-house referral list, yellow pages of the phone book, and information obtained from Strategy A2. Other resources include recommendations from staff and agencies that concurrently deliver services. The **Community Services Information Survey** is provided to facilitate the acquisition of descriptive information from service providers to be listed in the directory. There must be a date on the directory!

A functional directory requires frequent updates. Once the directory is organized, determine who will be responsible for keeping it current. The method and frequency of updating also need to be planned. (We recommend at least once a year!) A microcomputer may expedite the development and consequential update of a directory.

Parents rely on staff for comprehensive knowledge of services available in the community. It is the responsibility of service providers to respond with accurate information. A directory which offers concise information presents parents with objective descriptions when they examine community service options.

CAUTION: Don't become dependent on hard copies.

Strategy A3

Concurrent Services Model

COMMUNITY SERVICES INFORMATION SURVEY

In order to meet the complex service needs of our students with disabling conditions, _____(agency name) is conducting a survey of services available in our community. This information will be included in a service directory which will be used by both staff and parents to locate services for children with special needs. We plan to update the directory on a _____ (time period) basis.

Please complete the survey by_____ (date) and return it to

_____ _____ _____
(name, position) (address, zip code) (phone number)

Thank you for your assistance. We look forward to learning about the services that you offer to children with special needs.

1. Agency Name:

2. Contact person; position: (Please list the name, position and phone number of the person who is responsible for intake and referral.)

   Name_____

   Position_____

   Address_____

   _____

   _____

   Phone_____

3. Types of services offered and how services are delivered: (i.e., home-based services, center-based program, home visits, individual therapy, itinerant services)

4. Ages served:

5. Eligibility criteria: (Please list any income requirements or if services are limited to children with specific disabling conditions.)

6. Fees and payment methods: (If a sliding fee schedule is used, please enclose a copy.)

7. Referral procedures: (Please list the person responsible for this process.)

8. Parent involvement:

9. Transportation available for clients? (If yes, please describe.)

10. Is there a waiting list? (If yes, please indicate average length of wait.)

Thank you!

Strategy A4: Provide opportunities for staff to upgrade skills and knowledge to better serve children with special needs.

Required Actions:

1) Administrators obtain information from their staff regarding areas of strength and areas in which additional training is needed.

2) Administrators prepare and prioritize a list of areas in which the staff can provide training to others and areas in which the staff need training.

3) Administrators or designees exchange prioritized list of strengths and prioritized list of needs among concurrent services providers.

4) Administrators arrange training for staffs in the identified area(s).

5) Staff conduct and evaluate training.

Materials:

1) Inservice Evaluation

The purpose of this strategy is to have staff identify content areas in which they can either provide or receive additional knowledge and skill building in specialized support service areas. The agency's administrator can periodically survey staff to determine their strengths and areas in which additional specialized training is needed. Specifically, the administrator can generate a list of content areas which relate to the needs of children served, such as the list below. The administrator requests agency staff to identify those areas of strength (i.e., in which they can provide training) and areas of need (i.e. in which they need training) and additional areas not listed. Cooperating agencies can share the combined list of staff strengths and needs for each agency and, when appropriate, schedule training. The training may be conducted by one of the agencies providing concurrent services to another agency. For example, a school district special education preschool may provide an inservice training to a day care center to assist its staff in the area of language development for hearing impaired children. If the agencies' staffs cannot provide the training, they can consult other service providers in the community who have specialized in the particular content area of concern. Training may occur during a single session; in other cases, it may consist of a series of seminars, or a demonstration and practical application of techniques with children, with staff members monitored by the trainer. Written materials on specific training needs can also be used for quick references and for providing staff with new information. However, these materials are most effective when combined with an inservice training session. Training content might address:

1) physical management of children with handicapping conditions in regard to intervention and positioning;
2) communication and language techniques in the classroom setting;
3) emergency medical procedures;
4) behavioral management intervention techniques with difficult to control students;
5) management and care of prosthetic devices such as hearing aids, phonic ear, wheelchairs, artificial limbs;
6) expected benefits and possible side effects of specific medications.

Strategy A4

Concurrent Services Model

INSERVICE EVALUATION

Position: Administrator _____ Teacher _____ Therapist _____
Support staff: _____ (please specify)
Other: _____ (please specify)

1. What did you like most about the inservice?

2. What did you like the least?

3. How useful was the inservice for giving you the information you need in the area of_____?

(1 = Not Very Useful; 4 = Very Useful)

1 2 3 4

4. What questions do you have now?

5. Should this type of inservice be held for staff next year? Yes___No___

6. Recommendations/Comments:

Thank you!

B. COMMUNICATION AMONG SERVICE PROVIDERS

B1: Summarize information available for determining eligibility and program planning.

B2: Plan for information exchange, joint development of information and completion of assessment or programmatic needs.

B3: Determine methods for dealing with conflicts among service providers.

B4: Notify providers of your participation in the development of individualized education programs or treatment plans.

Strategy B1: Summarize information available for determining eligibility and program planning.

Required Actions:

1) Direct service staff of each program complete an **Information Exchange Survey.**

2) Administrators or designees meet to summarize responses listed on the surveys.

Materials:

1) Information Exchange Survey

The purpose of this strategy is to summarize relevant information used for determining eligibility and program planning. A concise summary of available information can help prepare agencies that provide concurrent services to exchange information and determine the joint preparation of education and treatment plans. The survey is also designed to solicit assessment and programmatic concerns.

Providers of concurrent services begin by identifying available information, such as assessment data, IEPs, ITPs, parent conference results and progress reports, and recording this information on the **Information Exchange Survey.** The survey can be routed among staff to save time. By completing the survey, staff also have an opportunity to identify areas of need that are being neglected. Administrators or their designees then meet to compile the information from the completed surveys. This written summary of relevant information can facilitate the exchange of knowledge among providers on an informal basis or prepare them for the implementation of Strategy B2.

Strategy B1

Concurrent Services Model

INFORMATION EXCHANGE SURVEY

Agencies participating in the survey: _____ School year_____

_____

_____

_____

This survey is being completed for: (check one)

/__/all students in the _____program OR

/__/specific students: _____

_____

_____

(attach a list, if necessary)

I. ASSESSMENT DATA

Assessment Type	Student's Name	Tool Used	Who Assesses	Most Recent Test Date(s)

Question: In your opinion, has an area of assessment been neglected? If so, please indicate:_____

_____

_____

II. INDIVIDUALIZED EDUCATION AND TREATMENT PLANS

Our program provides: (check one) /_/ IEPs /_/ ITPs /_/ Neither

The general content of this document includes:

_____Recent medical information
_____Student's present level of performance
_____Behavioral management plan and/or relevant observations
_____Environmental adaptations
Goals and objectives for: _____Gross Motor
_____Fine Motor
_____Receptive Language
_____Expressive Language
_____Speech and/or Auditory
_____Cognitive
_____Self-Help
_____Social/Emotional
_____Other (please list):_____
_____
_____

Date the IEP/ITP is completed:_____

Date(s) the IEP/ITP is updated:_____

Question: Would you prefer to: (check one)

/_/develop the IEP/ITP jointly with other concurrent services providers OR

/_/exchange individually developed IEPs/ITPs

Comments:_____
_____
_____

Question: In your opinion, has an area of program or treatment planning been neglected? If so, please indicate:_____
_____
_____

III. SOURCES OF ONGOING INFORMATION

	Who Completes	How Often	General Content
_____Progress Reports			
_____Phone Conferences			
_____Team Meetings			
_____Observation of Child in Other Setting			
_____Parent Conference Results			
_____Parent Newsletter or Notebook			
_____Other (please list): _____ _____ _____ _____			

Question: Would you prefer to: (check one)

/__/ conduct parent conference jointly with other concurrent services providers OR

/__/ exchange individually conducted parent conference results?

Comments: _____

_____

_____

Strategy B2: Plan for information exchange, joint development of information, and completion of assessment or programmatic needs.

Required Actions:

1) Administrators or designees examine available records and other informational documents as identified on the **Information Exchange Survey**, Strategy B1.

2) Administrators or designees collect and examine standard information forms presently used by respective providers and determine which forms could be uniformly used by providers.

3) Administrators or designees complete the **Information Exchange Form.**

4) Administrators distribute copies of the **Information Exchange Form** to direct service staff.

5) Staff inform parents of joint planning and information exchange. Parents sign a **Mutual Exchange of Information** (see Section D: "Communication with Parents").

6) Direct service staff exchange and develop information according to agreed upon methods and timelines.

Materials:

1) Information Exchange Form

2) Signed Mutual Exchange of Information

The purpose of this strategy is to assist providers in determining whether records and other informational documents of children being served concurrently will be exchanged or developed jointly. A cumulative summary of available assessment results, IEPs, ITPs and other informational documents from concurrent services providers should be used as a basis for information exchange and joint planning. A summary of available information can also detect unmet assessment and programmatic needs.

Forms used by individual service providers often relay similar information only in varied formats. Administrators or designess should closely examine and compare these forms to see if forms designed by one agency can be adopted directly or with only slight changes for use by other providers. The use of standardized forms can result in a consistent transfer of relevant information among providers. Determining which forms can be uniformly used also prepares providers for the cooperative development of information.

The **Information Exchange Form** systematizes information exchange and cooperative planning efforts. It delineates which documents are to be exchanged, which documents are to be developed jointly, and which assessment and programatic needs are to be addressed. This form can be completed at an interagency meeting or by individuals representing participating agencies. At this meeting, participants determine responsibilities, methods, and dates of information exchange and development. Suggested methods include:

- Exchange of written reports
- Regularly scheduled phone conferences
- Team meetings
- Observation of children in concurrent settings

The resulting plan is shared with direct service staff and parents. After reading the plan, all staff should be aware of when they are to participate and when they can expect to receive information. The expected outcomes are the avoidance of conflicts and misunderstandings between staffs, and planning for the appropriate coordination of individual children's programs.

As a courtesy, concurrent service providers should notify each other when documents have arrived. Constructive feedback will also assist senders with preparing information in the future.

Strategy B2

Concurrent Services Model

INFORMATION EXCHANGE FORM

Agencies participating in the exchange: _____ School Year _____

_____

_____

_____

This exchange is being completed for: (check one)

__/__all students in the _____ program OR

__/__specific students: _____

_____

_____

(attach a list, if necessary)

I.A. The following ASSESSMENT results will be exchanged:

Date(s) of Exchange	Assessment Type	Student's Name	From Whom/To Whom	Method of Exchange

B. The following assessments will be completed concurrently:

Date(s) of Completion	Assessment Type	Assessment Tool(s)	Student's Name	Participating Staff

C. The following assessment concerns need to be addressed:

II. A. The following / / IEPs / / ITPs / / sections of will be exchanged:

Date of Exchange	IEP/ITP sections of	Student's Name	From Whom/To Whom	Method of Exchange

B. The following / / IEPs / / ITPs / / sections of will be developed jointly by service providers:

Date(s) of Completion	IEP/ITP/sections of	Student's Name	Participating Staff

C. The following / / IEPs / / ITPs / / sections of will be updated jointly:

Date(s) of Update	IEP/ITP/sections of	Student's Name	Participating Staff

D. The following programmatic concerns need to be addressed:

III. A. The following ONGOING SOURCES OF INFORMATION will be exchanged:

Date(s) of Exchange	Type of Information	Student's Name	From Whom/To Whom	Method of Exchange

B. The following ONGOING SOURCES OF INFORMATION will be completed concurrently:

Date(s) of Completion	Type of Information	Student's Name	Participating Staff

IV.A. The following PARENT CONFERENCES will be conducted jointly:

Date(s) of Conference(s)	Parents' Name(s)	Student's Name	Participating Staff

B. The following PARENT CONFERENCE RESULTS will be exchanged:

Date(s) of Exchange	Parents' Name(s)	Student's Name	From Whom/To Whom	Method of Exchange

Strategy B3: Determine methods for dealing with conflicts among service providers.

The Networking and Evaluation Team has conducted interviews with administrators, direct service staff members, and parents regarding common areas of conflict between service providers. Over the past few years, considerable effort has been expended, at the national level, to address these issues. Basically, interagency work is dependent on the key players working together in a cooperative manner. Often personalities, old conflicts, and egos tend to interfere with these cooperative efforts. There are no easy solutions for these problems. We recommend that individuals involved in a personality conflict attempt to set their differences aside and concentrate on content issues. If this is impossible, formal conflict resolution procedures might be employed. At times, a third party facilitator may be required. We have also provided a list of reference materials produced by Phyllis Magrab and Jerry Elder that addresses leadership styles.

Required Actions:

1) Staff members notify program administrator of an area of conflict.

2) The administrator and staff state the problem and define the issue. (Optional: **Conflict Recognition Worksheet**).

3) The administrator or designee schedules a meeting for all those who share (own) the problem--but no others, only the "owners."

4) Service providers agree that there in fact is a problem.

5) If needed, a third party interagency coordinator becomes a facilitator.

6) Participants mutually generate possible solutions.

7) Participants mutually select one solution to implement.

8) Participants delineate responsibilities and timelines for each person in a written format.

9) Service providers implement the solution.

10) They evaluate the implementation and determine whether it has succeeded (if not successful, they try another solution).

11) Administrators establish methods for ongoing communication to help prevent future conflicts.

Materials:

1) Conflict Recognition Worksheet.

The purpose of this strategy is to assist administrators and staff in dealing with conflicts between service providers from different agencies. When a conflict between providers becomes apparent, the administrator and

staff members state and define the problem. The administrator or designee from either agency can then set a meeting for all those who share the problem. Staff members from either agency who do not feel there is a problem should not attend the meeting. Those who do attend should discuss the problem and generate possible solutions. Solutions should be creative, not evaluative. The participants select one solution for implementation and establish an implementation plan including timelines and staff responsiblities. If the solution is not successful, all those who "shared" the problem meet once again to determine another solution. Administrators must set up an ongoing system of communication between agencies to prevent future conflicts.

REFERENCES

Magrab, P., Kazuk, E., & Greene, L. (1981). Community needs assessment: A collaborative approach for serving preschool handicapped children. U.S. Department of Health and Human Services, OHDS.

Magrab, P., Elder, J., Kazuk, E., Pelosi, J., & Wiegerink, R. (1982). Developing a community team. U.S. Department of Health and Human Services, OHDS.

Bronheim, S., Cohen, P., & Magrab, P. (1985). Evaluating community collaboration: A guide to self study. Georgetown University Child Development Center.

Strategy B3

Concurrent Services Model

CONFLICT RECOGNITION WORKSHEET

A conflict between concurrent services providers has surfaced which is impeding the delivery of services to the child. In an effort to resolve the situation, complete this form and plan a meeting with the necessary service providers.

Agency 1

1. State the conflict between service providers:

_____

_____

_____

_____

2. List possible causes for the above conflict:

_____

_____

_____

_____

3. What would need to happen to resolve this conflict?

_____

_____

_____

_____

4. With whom should we meet to discuss this conflict in an effort to resolve it?

_____

_____

_____

_____

NOTE: The administrator uses the above information when calling Agency 2 to schedule a meeting.

5. A meeting is scheduled for

_____

_____

_____

The following portion of this form is completed at a meeting between service providers.

Actions: 1) Discuss top portion of form
2) Complete the remainder of the form
3) Determine necessary follow-up

Agencies 1 and 2

1. Restate area of conflict:

_____

_____

_____

_____

_____

2. The following steps will be taken to resolve the conflict:

_____

_____

_____

_____

_____

The following people are responsible:

_____

_____

_____

3. A facilitator is necessary to resolve the conflict: Yes_____ No_____.
   If Yes, the following persons are suggested:

_____

_____

_____

_____(name) is responsible for contacting the facilitator and scheduling a meeting.

4. Following is our plan for continued communication regarding the recognized conflict:

_____

_____

_____

_____

_____

_____

Persons in attendance at meeting:

_____

_____

Meeting date:_____

Strategy B4: Notify providers of your participation in the development of individualized education programs or treatment plans.

Required Actions:

1) The representative of the agency responsible for preparing individualized education programs or treatment plans invites other concurrent services agencies to participate.

2) The representative of the agency interested in the development of individualized education programs or treatment plans, notifies the preparing agency of their willingness to participate.

3) Parents sign a **Mutual Exchange of Information** (see Section D: "Communication with Parents.")

Materials:

1) Request for Assistance Letter

2) IEP Input Form

3) Request to Participate Letter

4) Signed Mutual Exchange of Information

There are several titles for documents that delineate program goals and objectives for children with special needs. The Individualized Education Program (IEP) and the Individualized Treatment Plan (ITP) are two examples of such documents. The purpose of this strategy is to assure the development of comprehensive IEPs and/or ITPs by solicting the expertise of the concurrent services providers.

The agency responsible for preparing IEPs/ITPs should request input from other programs who serve the child and family. The **Request for Assistance Letter** can be mailed well in advance to the providers of concurrent services. The **IEP Input Form**, which is enclosed with the letter, gives the providers the opportunity to express ideas in case they are unable to attend the IEP/ITP update meeting. In the instances of planning for children with complex needs, a discussion prior to the IEP/ITP meeting should be conducted.

An agency interested in participating in the development of an IEP/ITP can notify the preparing agency of their willingness to contribute. The **Request to Participate Letter** is mailed to the agency responsible for developing the IEP/ITP.

Strategy B4

Concurrent Services Model

REQUEST FOR ASSISTANCE LETTER

_____
(date)

Dear _____:
(Administrator at interested agency)

We will be reevaluating children at the _____ (preparing agency) and updating IEPs during _____ (time period). We need your assistance to exchange information, minimize duplication of effort and assist parents in clearly understanding _____ (child's name) educational program. Your participation in a joint IEP update meeting would be extremely valuable.

We will be calling you within _____ (time period) to schedule the meeting. If you are unable to attend the meeting, please complete and return the attached IEP Input Form.

Thank you for your continued cooperation.

Sincerely,

_____
(Teacher at preparing agency)

_____
(Administrator at preparing agency)

cc: file
parent

Strategy B4

Concurrent Services Model

IEP INPUT FORM

Complete this form after reviewing the child's IEP goals, objectives and progress notes.

Child's Name_____Child's Birthdate_____

Form Completed by_____Date_____

1. Recent medical information:

2. Student's present level of performance, including recent assessment data:

3. Current behavioral management plan and relevant observations:

4. STATUS OF ANNUAL GOALS AND SHORT-TERM OBJECTIVES

	Need for higher level goals/ objectives	Goals/Objectives have been completed	Currently progressing; anticipate completion by projected	Progress is slow; suggest change in projected date of completion	Progress is slow; rewrite goals/objectives
Gross Motor					
Fine Motor					
Receptive Language					
Expressive Language					
Speech & Auditory Skills					
Cognitive					
Self-Help					
Social/Emotional					
Other					

5. Are the current evaluation procedures effective? Comments:

6. Suggestions for specific special education programming and related services, including the extent of participation in regular education programs:

7. Anticipated changes in:

   a. Projected dates for initiation of services:

   b. Anticipated duration of services

8. Additional comments:

Please return to: (Agency Name)_____

(Address) _____

_____

By: (Date) _____

Strategy B4

Concurrent Services Model

REQUEST TO PARTICIPATE LETTER

_____
(date)

Dear _____:
(Administrator at preparing agency)

We are now in the process of re-evaluating our children with special needs who are attending _____ (interested agency). _____ (child's name) is being served jointly by _____ (preparing agency) and this program. Please advise _____ (teacher at interested agency) at _____ (phone number at interested agency) when the IEP update will occur for _____ (child's name). Teachers from this program would like to attend.

We will be sending to your program the updated information on _____ (child's name). The information will include a summary report of her/his performance on the _____ (name) curriculum, objective and subjective information regarding her/his performance in the classroom, a Mutual Exchange of Information form signed by the parents and the parents' comments from conferences conducted at our agency.

If you will be updating the IEP, please send us the new information as soon as possible. We will continue to support and monitor those objectives in this setting.

Sincerely,

_____
(Teacher at interested agency)

_____
(Administrator at interested agency)

cc: file
parent

C. INDIVIDUALIZED PLANNING

Strategy C1: Observe the children in the other setting and confer with the staff.

Strategy C2: Discuss behavioral options for the child in each setting.

Strategy C3: Organize a Community Resource Team for children with complex or unique needs.

Strategy C1: Observe the children in the other setting and confer with the staff.

Required Actions:

1) Schedule reciprocal visits at each program site.

2) Parents sign a **Mutual Exchange of Information** (see Section D: "Communication with Parents").

3) During each visit, participating staff members observe the children and confer.

4) Evaluate reciprocal visits and make plans for follow-up visits.

Materials:

1) Evaluation of Visit

2) Signed Mutual Exchange of Information

The purpose of this strategy is to enable the staff members of the concurrent services agencies to become familiar with the programs the student is enrolled in through personal observation and dialogue with their cooperating agency counterparts. An opportunity to see the program and talk with the staff gives first-hand knowledge of one another's programs. The visits can also be an opportunity for staff to confer about specific children. Should staff determine that the purpose of the visit is to observe specific children, they need to take proper precautions in regard to release of information.

The staff from one of the agencies initiates contact with the other to determine possible dates and times for visits. If there are only a few staff members involved in the visits, a phone call will suffice to schedule the visit. However, for larger staffs, it will help to send a memo around to all staff members involved requesting that they indicate which of the possible dates and times are best for them. The visit(s) can be more easily scheduled after obtaining this information.

Logistics can be a deterrent to direct program observation. Service providers in rural areas are often located great distances from each other. Scheduling between programs may conflict and staff responsibilities can be numerous, therefore making reciprocal program visits difficult to plan. Yet, if the effective delivery of concurrent services is a priority, the value of reciprocal program observation must be emphasized. Release time should be available to staff to assure an adequate visit. Hosting agencies need to be flexible in order to make the visit as informational as possible. A videotape is a creative option for sharing information, especially when accompanied by staff from the visiting agency to discuss the tape and answer questions. Regardless from the method, opportunities for program observation should be available to direct service staff and administrators alike.

After observing the program, staff members from both agencies meet to answer questions and discuss the observation. An **Evaluation of Visit** form is provided to facilitate the discussion.

Strategy C1

Concurrent Services Model

EVALUATION OF VISIT

Position: Administrator _____ Teacher _____ Therapist _____
Support staff: _____ (please specify)
Other: _____ (please specify)

1. What did you like most about the student observation and program visit?

2. What did you like least?

3. How useful was this observation for giving you a better understanding of the concurrent services being offered? (1 = Not Very Useful; 4 = Very Useful)

1 2 3 4

Why?

4. Do you have questions regarding specific students?

Yes____ No____

If yes, please list your questions below:

5. Should the reciprocal observations of students and conferences with staff be held next year? Yes _____ No _____

6. Comments/Recommendations:

Thank you!

Strategy C2: Discuss behavioral expectations for the child in each setting.

Required actions:

1) Direct service staff summarize behavioral expectations for the child in each setting.

2) Direct service staff members and parents meet to discuss behavioral expectations in each setting.

Materials:

1) Behavior Expectation Outline

This strategy is designed so that staff members from each agency involved with a child will learn what is expected of a child behaviorally in each setting. A staff member from each agency who has observed the child over a period of time and who is familiar with the child's needs and his/her individualized program completes the **Behavior Expectation Outline** for the agency. When both agencies complete their sections, staff can note similarities and differences. The behavioral expectations of the child in each setting can be discussed in a meeting of direct service staffs and parents. Direct service staff members need to adapt behavioral expectations for the student routinely, and inform parents and staff members of other agencies about these changes.

By knowing what each agency expects from the child, conflicts in program plans can be avoided. Additionally, management plans can be developed so that they are coordinated where necessary.

Strategy C2

Concurrent Services Model

BEHAVIOR EXPECTATION OUTLINE

In order that each agency involved with _____ (child's name) learn what is behaviorally expected of him/her in another setting, this outline should be completed and returned to _____ (contact person's name) by_____ (date).

A self-addressed stamped envelope is included for your use. Please note the parent(s) signature which demonstrates their permission for us to share behavioral information. Thank you.

Agency A: _____ Contact:_____
_____ (person's name)
_____
_____
(name, address, phone)

Agency B: _____ Contact:_____
_____ (person's name)
_____
_____
(name, address, phone)

	Agency A	Agency B
I. Group Skills: Describe behavioral expectations for the group during seatwork, play time, snacks or meals and transition times such as arriving and departing, bus ride or change of activity.		
II. Individual Skills: Please describe specific behavioral expectations for _____(child's name). Include skills which may be addressed on the child's individual program plan.		

	Agency A	Agency B
III. Parental Expectations: List behavioral expectations that the parent has for the child while in your program.		
IV. Behavioral Program: Describe any management program you are using to help the child's behavior.		
V. Other: Please include any comments related to the child's behavior which you believe would be helpful.		

I have reviewed this form and give my permission for _____(Agency A) and_____ (Agency B) to share this vital information to avoid conflicts in program plans. It is my understanding that the agency initiating the exchange of information will see that I receive a completed copy.

_____ _____

Parent(s) Signature Date

Strategy C3: Organize a Community Resource Team (CRT)* for children with complex or unique needs.

*A Community Resource Team (CRT) is a transdisciplinary, multi-agency team of professionals. Parents may be included as team members. At a minimum, parent input should be obtained. Existing multidisciplinary or interagency teams should be utilized when possible, thereby saving time in completing action number 4.

Required Actions:

1) Compare the child's and the family's needs with the services they are currently receiving in order to identify suspected unmet service needs.

2) Meet with parents to discuss need for coordination with other agencies (see Section D, "Communication with Parents").

3) Parents sign a **Mutual Exchange of Information** (see Section D: "Communication with Parents").

4) Organize a CRT that includes all service providers currently involved with the child and family.

5) The CRT meets to discuss coordination of existing services and ways to respond to unmet service needs.

6) Team participants complete the **Needs Identification Form** and plan for service initiation and/or coordination among providers.

7) Identify a team leader who schedules meetings, monitors proposed actions and consults with parents.

Materials:

1) Needs Identification Form

2) Signed Mutual Exchange of Information

The purpose of organizing a Community Resource Team is to address the lack of service response to children and their families with complex or unique needs. This strategy is particularly helpful for a child with complex medical problems which have an effect on his/her education, or when a variety of funding sources must be coordinated to provide a full complement of services for a child with multihandicapping conditions.

Any interested party can initiate strategy actions, should an unmet need which presently inhibits the development of a child be suspected. Criteria for identifying an appropriate child can be as obvious as low assessment scores or as simple as grandmotherly concern. An effective Community Resource Team can address an array of needs which might result from medical, therapeutic, educational, social, and recreational concerns.

Actions 1-4 are recommended for the initial development of a CRT. An existing interagency group may want to redefine their list of participants and begin with Action 5. Before proceeding with team activities, parents need to be informed of the benefits of service coordination and their permission to exchange information must be obtained.

A CRT consists of ALL service providers currently involved with a child and, when possible, his or her parents. The organizing providers may also want to invite new team participants as needed. Telephone, written or personal contact clearly articulating the purpose of the CRT will prepare participants for the initial meeting.

The **Needs Identification Form** is designed to:

1) identify unmet needs;
2) specify responsibilities of current service providers;
3) suggest potential resources to address unmet needs; and
4) define actions in response to identified needs.

This form can be completed individually by participants or as a group via an overhead projector or blackboard. Regardless of the method, each participant needs the opportunity to share concerns and ideas. When proposing actions in response to identified needs, participants should be encouraged to be realistic about their commitments. Payment procedures, monitoring and follow-up, and parent involvement are only a few considerations when determining actions. Staff should assist parents with the selection and application of additional services, should that be a recommendation of the CRT.

An effective team leader can facilitate the group processes of a CRT, as well as schedule meetings and monitor activities. Potential leaders include case managers, program specialists, and school psychologists. A team leader may also be designated for each individual child.

The success of a Community Resource Team depends on how much the service providers and parents feel like participating as a team. A newly formed team will proceed through a development phase, where "growing pains" may occur. With persistence and creativity, the team will eventually become proficient.

Strategy C3

Concurrent Services Model

NEEDS IDENTIFICATION FORM

Date_____
Student's Name_____ Parents' Name _____
Birth date_____ Phone Number _____
Team Participants Present:_____
_____
_____

Unmet Needs	Documenting Evidence of Need	Services Received by _____ (agency)	Services Received by Other Providers: _____ (agency) _____ (agency)	Potential resources in response to unmet needs.	Proposed Actions

D. COMMUNICATION WITH PARENTS

Strategy D1: Inform parents of the purpose of concurrent services delivery and observe appropriate release of information measures.

Strategy D2: Determine appropriateness of holding joint parent conferences for selected children

Strategy D1: Inform parents of the purpose of concurrent services delivery and observe appropriate release of information measures.

Required Actions:

1) Staff inform parents of the reasons for and benefits of concurrent services delivery.

2) Parents sign **Mutual Exchange of Information.**

3) Staff share **Fact Sheet of Parents' Rights** with parents.

4) Staff follow agency procedures when notifying parents of information exchange.

Materials:

1) Mutual Exchange of Information

2) Fact Sheet: Family Educational Rights and Privacy Act of 1974

Parents need to be informed of the goals of cooperative efforts among various agencies. The purposes of this strategy are to prepare parents for concurrent services efforts, to formally document their approval for information exchange and to inform them of their rights regarding confidentiality.

There are many reasons why agencies may not work cooperatively together. These reasons include:

- competitiveness;
- lack of compelling mutual interest;
- parochial interests;
- lack of skill in coordinating;
- difficulty in communicating across disciplines;
- preoccupation with administration rather than function;
- concerns about client confidentiality;
- resistance to change;
- external pressures;
- lack of accountability;
- lack of monitoring and evaluation procedures which encourage collaboration;
- inadequate knowledge about other agencies and programs;
- negative attitudes; and
- political naivete (Pollard, Hall, & Keeran, 1979).*

Program personnel and parents need to be aware of these barriers when planning and implementing procedures for the delivery of concurrent services. These potential obstacles, combined with the obligation of providing appropriate programs to children with special needs, require the use of concurrent services strategies.

* Pollard, A., Hall, H., & Keeran, C. (1979. Community service planning. In P. R. Magrab & J. O. Elder (Eds.), Planning for services to handicapped persons: Community, education, health (pp. 18-37). Baltimore, MD: Paul H. Brookes.

Concurrent services delivery is successful when:

- Personnel from various agencies work together to increase efficiency, coordination, and comprehensive care;
- Decision makers become more aware of all services provided in the community;
- Parents and professionals understand the roles they play in providing services to the child; and
- Programs continue to operate with minimal disruption.

Staff should continuously inform parents of the benefits of concurrent services delivery efforts. Parents who have experienced successful results can advocate coordinated service procedures to agency advisory boards, parent groups and reluctant programs within the community.

Parents need to be informed when information about their child is being exchanged, who that information is being shared with, and what type of information is being shared. An example **Mutual Exchange of Information** form is provided. Administrators or their designees should continually remind parents of the value of information exchange. Parents should also be informed of their rights by means of **The Fact Sheet: Family Educational Rights and Privacy Act of 1974.**

When sharing information among agencies about specific children, staff members need to observe confidentiality regulations. Staff must be clearly informed of their agencies' confidentiality procedures and exercise necessary precautions. If proper procedures are followed, confidentiality is not a valid excuse for a failure to coordinate multiple agency efforts.

Strategy D1

Concurrent Services Model

MUTUAL EXCHANGE OF INFORMATION

PLEASE CHECK APPROPRIATELY

Records sent to ( )

Records received from ( )

TO: _____

_____

_____

_____

_____

Reference:

_____
(Child's Name)

_____
(Date of Birth)

Permission is given to correspond with and exchange any or all information regarding the above-named child with:

District/Agency Name: _____

Attention: _____

This information may include the school records, case history, psychological data, medical and any other records which may be helpful to either party.

Date_____

Signed_____
(Parent or Guardian)

Address_____

_____

Phone_____

Strategy D1

Concurrent Services Model

FACT SHEET:
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

This law was passed by Congress in 1974 to protect the privacy of student education records, and applies to all schools that receive money from the United States Office of Education.

The Act gives certain rights to parents regarding their child's education records. These rights transfer to the student or former student who has reached the age of 18 or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called eligible.

- **A school must allow parents or eligible students to inspect and review all of the student's education records maintained by the school.** However, this does not include the review of personal notes of teachers, or, at the college level, medical or law enforcement records. Schools are not required to provide copies of material in education records unless, for reasons such as illness or great distance, it is impossible to inspect the records personally. The school may charge a fee for copies.

- **Parents and eligible students may request that a school correct records believed to be inaccurate or misleading.** If the school refuses to change the records, the parents or eligible student then has the right to a formal hearing. After the hearing, if the school still refuses the correction, the parent or eligible student has the right to put a note in the record explaining his or her concerns.

- **Generally, the school must have written permission from the parent or eligible student before releasing any information from a student's record.** In an effort to permit the school to continue its normal business and activities, the law allows a school to set its own rules about who among the following people may see records without the required consent:

  - School employees who have a "need to know";
  - Other schools to which a student is transferring;
  - parents when a student over age 18 is still a dependent;
  - Certain government officials who need to know to carry out lawful functions;
  - Sponsors of financial aid to a student;
  - Organizations doing certain studies for the school;
  - Individuals who have obtained court orders or subpoenas;
  - Persons who need to know in cases of health and safety emergencies.

Also, "directory" type information such as one's name, address, telephone number, date and place of birth, honors and awards, and activities may be released to anyone without first getting permission. However, the school must tell parents and students the type of information that is classified as directory information and provide a reasonable amount of time to allow the parent or eligible student to tell the school not to reveal directory information about them.

- The school must notify parents and eligible students of their rights under this law. The actual means of notification (special letter, inclusion in the PTA bulletin or student handbook, or newspaper article) is left to each school.

If you wish to see your child's education record, or if you are over age 18 or are attending college and would like to see your records, you should contact the school to find out the procedure to follow.

NOTE: This information was originally developed by the Office of Education when Education was part of the former United States Department of Health, Education, and Welfare.

Strategy D2: Determine appropriateness of holding joint parent conferences for selected children.

Required actions:

1) Administrators or designees determine under what circumstances parent conferences will be held concurrently.

2) Direct service staff plan the joint parent conferences and schedule the conferences with parents.

3) Parents and staff conduct and evaluate the joint parent conferences.

Materials:

1) Joint Parent Conference Evaluation

This strategy is designed to help determine under what circumstances joint parent conferences are desirable or necessary, and how to plan and conduct effective conferences.

The administrators or designees of each agency should discuss the need for holding joint conferences with parents and under what circumstances these conferences would be desirable or necessary. Parents should have the opportunity to express their ideas regarding these conferences.

Special instances that may warrant the participation of concurrent services providers in parent conferences include:

1) Conflict between the child and/or family and the service provider(s);
2) Detailed monitoring of specific program objectives for the child;
3) Periods of assessment, evaluation, IEP preparation, and transition;
4) The response to unmet service needs; and
5) The onset of an acute trauma to the child and/or family.

However, special circumstances are not a prerequisite to conducting joint parent conferences. Concurrent services providers may choose to cooperatively meet with parents on a regularly scheduled basis.

Upon deciding that a joint conference with parents is needed, the staff members involved must plan for the conference. The items to be considered in planning a joint conference include:

1) What will be discussed;
2) Roles of the participants;
3) Possible dates, times, and location of the meeting;
4) Who will contact the parents to schedule the conference.

Once the plans are finalized, a staff member notifies the parents about the date and time of the meeting, and discusses its purpose with them.

Both staff and parents can evaluate the joint parent conferences by using the **Joint Parent Conference Evaluation.**

Strategy D2

Concurrent Services Model

JOINT PARENT CONFERENCE EVALUATION

Date:_____
Position: Parent ____ Therapist ____ Administrator ____
Teacher____ Support Staff_____
(please specify)

1. What did you like most about the meeting?

2. What did you like the least?

3. What questions do you have now?

4. Was it helpful for parents and concurrent services providers to meet together?

   Yes____ No____

5. Comments/Recommendations:

Thank you!

E. EVALUATION OF CONCURRENT SERVICES ACTIVITIES

E1: Evaluate the concurrent services activities.

Strategy E1: Evaluate the concurrent services activities.

Required actions:

1) Administrators determine methods and responsibilities for parent and staff evaluations of the concurrent services arrangement.

2) Parents evaluate the collaborative activities and make recommendations for improvement.

3) Staff members evaluate the collaborative activities and make recommendations for improvement.

4) The administrator or designee summarizes results of evaluations.

5) Administrators revise collaborative activities based on evaluation results.

Materials:

1) Parent Satisfaction Survey

2) Staff Satisfaction Survey

The purpose of the evaluation is to assure that concurrent services are responsive to the needs of children, parents, and staff.

Administrators or their representatives meet to determine: the methods for the evaluation, the participants, the timeline, and assignment of responsibilities. The factors to consider in planning both the parent and staff evaluations are listed below. A **Parent Satisfaction Survey** and a **Staff Satisfaction Survey** are included for your use in planning these evaluations.

Parent Satisfaction Survey

1. Determine the method (written survey, phone interviews, or face-to-face interviews). Factors to consider in choosing a method include the likely return/response rate, and time involved for staff members and parents.
2. Determine who will be responsible for contacting the parents and conducting the survey.
3. Determine who is responsible for summarizing the responses.
4. Determine how the results will be reported to staff and parents.

Staff Satisfaction Survey

1. Determine the method (individual written response or verbal responses during a staff meeting).
2. Determine who will be responsible for conducting the evaluation and summarizing the responses.

Strategy E1

Concurrent Services Model

PARENT SATISFACTION SURVEY

1. What did you like best about your child's concurrent services?

2. What did you like least about your child's concurrent services?

3. How comfortable are you with what happened this year? (Circle one)

1	2	3	4	5
very comfortable		OK		very uncomfortable

Why?

4. What concerns do you or did you have about your child's concurrent services?

5. What do you think would have made your child's concurrent services better?

6. What other comments or suggestions do you have?

Thank you!

Strategy E1

Concurrent Services Model

STAFF SATISFACTION SURVEY

School District_____

Outside Agency/Service Provider_____

School Year_____

Concurrent Services Type(s)_____

Date_____

Your position_____

1. What did you like best about the concurrent services arrangement?

2. What did you like least about the concurrent services arrangement?

3. How comfortable did you feel with what happened this year? (Circle one)

1	2	3	4	5
very comfortable		OK		very uncomfortable

Why?

4. What concerns or problem areas do you see existing with the concurrent services?

5. What suggestions do you have for improving the concurrent services coordination?

6. Additional comments:

Thank you!

STRATEGY OUTLINE

NETWORKING AND EVALUATION TEAM
Experimental Education Unit WJ-10
Child Development and Mental Retardation Center
College of Education
University of Washington
Seattle, WA 98195
(206) 543-4011

CONCURRENT SERVICES MODEL
Strategy Outline

Model Goal: To assure coordinated programs for children who are receiving services from more than one agency or service provider.

Expected Outcomes:

1) A process for coordinating activities of parents and staff for children who are receiving services from more than one agency or service provider.

2) Understanding by staff and parents of what services are being provided by each agency or service provider, who is involved, how the services are being delivered in each setting and how all parties will work together.

3) Procedures for addressing unmet service needs.

4) Complementary, rather than contradictory services.

Area Goals:

A) Identification and Awareness - To determine which children are receiving services concurrently and to identify outside agencies or service providers. To acquire current knowledge of one another's services. To develop a directory of service providers and share this information with parents. To make opportunities available for staff to upgrade skills and knowledge.

B) Communication Among Service Providers - To identify existing assessment and other available information used for determining eligibility and program planning. To discuss individualized education or treatment plans to assess continuity, share information and determine ways to coordinate plan development and implementation. To ensure ongoing communication among service providers using agreed upon methods and timelines. To identify common areas of conflict between service providers and generate potential solutions in cooperation with administrators and direct service staff.

C) Individualized Planning - To observe children in other identified settings and meet with staff. To discuss similarities and differences in behavioral expectations for children in each setting and to discuss inconsistencies in expectations with parents. To establish a Community Resource Team to examine services for children with complex or unique needs.

D) Communication with Parents - To inform parents of the benefits of coordinated service delivery. To observe appropriate release of information measures. To conduct joint parent conferences when appropriate for selected children.

E) Evaluation of Concurrent Services Activities - To evaluate the collaborative activities and revise the activities based on evaluation results.

A. IDENTIFICATION AND AWARENESS

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
A1. Identify children who are receiving services from more than one service provider.	- Parents of children newly enrolled in a program respond to a question during the intake process identifying services the child is receiving. - Parents of children continuing in a program identify outside services at an IEP conference or other progress meeting. - For more detailed information, parents complete the Survey of Concurrent Services Providers. - Explain the benefits of concurrent services delivery to the parents. - Complete a summary of ALL outside agencies/service providers for those children receiving concurrent services.	Administrator or designee of Initiating Agency (I) Direct Service Staff of Initiating Agency (I) Parents	- Survey of Concurrent Services Providers - Concurrent Services Summary - Signed Mutual Exchange of Information	- Were all parents given an opportunity to provide information regarding outside services? - How many children were identified as receiving concurrent services? - How many outside agencies were identified as providing services to enrolled children? How many of these placements were already known? Unkown? - How many parents signed an exchange of information form? - Was a Concurrent Services Summary completed? How was it used?
A2. Increase awareness of staffs regarding programs serving "shared" children.	- Determine the appropriate program awareness activity for each concurrent services provider: a) written contact; b) telephone contact; and/or c) Awareness of Programs meeting. - Prepare or update written program information to be disseminated through selected program awareness efforts. - Plan an Awareness of Programs meeting. - Conduct and evaluate the Awareness of Programs meeting. - Copy completed Program Overview Forms and mail them with a follow-up letter to <u>all</u> persons invited to the Awareness of Programs meeting. - Complete written and/or telephone program awareness activities.	Administrator or designee of Initiating Agency (I), Administrator or designee of Outside Agency (O), Direct Service Staff of Initiating Agency (I), Direct Service Staff of Outside Agency (O)	- Letter of Invitation to Awareness of Programs Meeting - Awareness of Programs Meeting Agenda - Program Overview Form - Information Packet Outline - Awareness of Programs Evaluation	- Were program awareness activities conducted? How many written contacts were initiated? How many telephone contacts were initiated? - Was written program information prepared? - Was a meeting conducted? Who planned the meeting? How many people attended? - What agencies were represented? Who represented each agency? - What % of participants completed the Awareness of Programs Evaluation? - What did the evaluation results indicate?
A3. Develop a directory of outside service providers for use by staff and parents.	- Determine the types of services to be listed in the directory. - Review available resources to identify potential service providers to be listed in the directory. - Request written descriptions from service providers in the form of Community Services Information Survey. - Compile information from the Community Services Information Surveys into a directory. - Determine the procedures for updating the directory.	Administrator or designee (I) Direct Service Staff (I) Parents	- Community Services Information Survey	- Was a directory of service providers developed? - What types of services were listed in the directory? - Which resources were used to identify services listed in the directory? - Were program descriptions requested from community service providers? - Did service providers send the information requested? - Were written materials reviewed

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
	- Share information from the directory with parents.			and service providers selected for inclusion in the directory? - Was the directory used by staff? Did staff find it useful? - Was the directory used by parents? Did parents find it useful? - How is the directory updated? How frequently is it updated?
A4. Provide opportunities for staff to upgrade skills and knowledge to better serve children with special needs.	- Obtain information from staff regarding areas of strength and areas in which additional training is needed. - Prepare and prioritize a list of areas in which the staff can provide training to others and areas in which staff need training. - Exchange prioritized list of strengths and prioritized list of needs among concurrent services providers. - Arrange training for staffs in the identified area(s). - Conduct and evaluate training.	Administrators or designees (I) (O) Direct Service Staff (I) (O) Third party trainers, if necessary	- Inservice Evaluation	- What training strengths were identified? - What training needs were identified? - How many training sessions were conducted? - Who provided the training? - How many persons attended each training? - Were evaluations completed? How many? What were the results?

B. COMMUNICATION AMONG SERVICE PROVIDERS

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
B1. Summarize information available for determining eligibility and program planning.	- Complete an Information Exchange Survey. - Meet to summarize responses listed on the surveys.	Administrators or designees (I) (O) Direct Service Staff (I) (O)	- Information Exchange Survey	- Were Information Exchange Surveys completed? - Were the responses from the surveys summarized? - Were assessment and programmatic concerns identified?
B2. Plan for information exchange, joint development of information, and completion of assessment or programmatic needs.	- Examine available records and other informational documents as identified on the Information Exchange Survey, Strategy B1. - Collect and examine standard information forms presently used by respective providers and determine which forms could be uniformly used by providers. - Complete the Information Exchange Form. - Distribute copies of the Information Exchange Form to direct service staff. - Inform parents of joint planning and information exchange. Parents sign a Mutual Exchange of Information. - Exchange and develop information according to agreed upon methods and timelines.	Administrators or designees (I) (O) Direct Service Staff (I) (O) Parents	- Information Exchange Form - Signed Mutual Exchange of Information	- Were available assessments, education and treatment plans and other pertinent records identified prior to planning for exchange? - Were standard information forms used by providers collected and compared? How many of these forms were adopted for use by the concurrent services providers? - Did providers negotiate the exchange and joint development of records? - Were methods, timelines and responsibilities for the exchange and development of information determined? - Were the reasons for the exchange and cooperative development of records discussed with parents? - Did parents whose children were receiving concurrent services sign an exchange of information form? - Was assessment information exchanged as agreed upon? Were assessments conducted jointly as agreed upon? Was the assessment data useful to recipients for eligibility determination and program planning? - Was the development process and basic content of individualized plans discussed? How many individualized plans were developed jointly? How many were developed separately and exchanged? Were staff and parents satisfied with the resulting plans? - Were actions taken in response to unmet assessment and programmatic needs?

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
B3. Determine methods for dealing with conflicts among service providers.	- Notify program administrator of an area of conflict. - State the problem and define the issue. - Schedule a meeting for all those who share the problem. - Agree that there in fact is a problem. If needed, a third party interagency coordinator becomes a facilitator. - Mutually generate possible solutions. - Mutually select one solution to implement. - Delineate responsibilities and timelines for each person in a written format. - Implement the solution. - Evaluate the implementation and determine whether it has succeeded (if not successful, then try another solution.) - Establish methods for ongoing communication to help prevent future conflicts.	Administrators (I) (O) Direct Service Staff who share the problem (I) (O) A third party facilitator, if necessary.	- Conflect Recognition Worksheet (optional)	- Were administrators notified of a conflict? - Were persons sharing the problem brought together for a meeting? - Was the problem clearly defined? - Were potential solutions mutually generated? - Was one solution selected for implementation? Did all participants understand their responsibilities in implementing the solution? - How successful was the selected solution? Was a second solution mutually determined and implemented? - Were methods of ongoing communication established? Did these methods help prevent future conflicts?
B4. Notify providers of your participation in the development of individualized education programs or treatment plans.	- The agency responsible for preparing individualized education programs or treatment plans invites other concurrent services agencies to participate. - The agency interested in the development of individualized education programs or treatment plans, notifies the preparing agency of their willingness to participate. - Parents sign a Mutual Exchange of Information.	Administrators or designees (I) (O) Direct Service Staff (I) (O) Parents	- Request for Assistance Letter - IEP Input Form - Request to Participate Letter - Signed Mutual Exchange of Information	- Were concurrent services staffs invited to participate in the preparation of individualized plans? - As a program not directly responsible for preparing individualized plans, did you extend your interest in assisting with the development to the responsible program? - For programs unable to attend the planning meeting, was the IEP Input Form used? Was this information helpful? - How many plans were developed jointly? - Were staff satisfied with the IEPs? - Were parents satisfied with the IEPs?

C. INDIVIDUALIZED PLANNING

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
C1. Observe the children in the other setting and confer with the staff.	- Schedule reciprocal visits at each program site. - Parents sign a Mutual Exchange of Information. - Observe the children and confer. - Evaluate reciprocal visits and make plans for follow-up visits.	Direct Service Staff (I) (O) Parents	- Evaluation of Visit - Signed Mutual Exchange of Information	- Were observations of each other's programs scheduled? - How many staff members participated in the observation? - Were conferences conducted between staff members of the different programs following the observation? - Were evaluations completed? What were the results? - Were follow-up visits scheduled?
C2. Discuss behavioral expectations for the child in each setting.	- Summarize behavioral expectations for the child in each setting. - Meet to discuss behavioral expectations in each setting.	Direct Service Staff (I) (O) Parents	- Behavior Expectation Outline	- Were behavioral expectations for the child summarized by each program? - Were similarities and differences in behavioral expectations identified and discussed? - Was a behavioral management plan cooperatively agreed upon by staffs and parents? - Was a method for communicating progress and changes among staff and parents determined? - For how many children were behavioral expectations discussed?
C3. Organize a Community Resource Team (CRT) for children with complex or unique needs.	- Compare the child's and the family's needs with the services they are currently receiving in order to identify suspected unmet service needs. - Meet with parents to discuss need for coordination with other agencies. - Parents sign a Mutual Exchange of Information. - Organize a CRT that includes all service providers currently involved with the child and family. - Meet to discuss coordination of existing services and ways to respond to unmet service needs. - Complete the Needs Identification Form and plan for service initiation and/or coordination among providers. - Identify a team leader who schedules meetings, monitors proposed actions and consults with parents.	Direct Service Staff (I) (O) Parents Other community service providers, as needed.	- Needs Identification Form - Signed Mutual Exchange of Information	- Were the child's and family's needs compared with the services they are presently receiving? Were suspected unmet service needs confirmed? - How many CRTs were established? Who were the members? - Was a Needs Identification Form completed? - What actions were taken in response to unmet service needs? - Was a team leader identified? Did the leader schedule meetings, monitor proposed actions and consult with parents? - How were CRTs beneficial?

D. COMMUNICATION WITH PARENTS

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
D. Inform parents of the purpose of concurrent services delivery and observe appropriate release of information measures.	- Inform parents of the reasons for and benefits of concurrent services delivery. - Parents sign Mutual Exchange of Information. - Share Fact Sheet of Parents' Rights with parents. - Follow agency procedures when notifying parents of information exchange.	Direct Service Staff (I) Parents	- Mutual Exchange of Information - Fact Sheet: Family Educational Rights and Privacy Act of 1974	- Were parents informed of the goals of cooperative efforts among various agencies? - Were appropriate release of information measures followed on a regular basis? How many Mutual Exchange of Information forms were signed? - Were parents informed of their rights regarding their child's educational records? - Were parents informed: When information about their child was exchanged, what type of information was exchanged and who the information was being shared with?
D2. Determine appropriateness of holding joint parent conferences for selected children.	- Determine under what circumstances parent conferences will be held concurrently. - Plan the joint parent conferences and schedule the conferences with parents. - Conduct and evaluate the joint parent conferences.	Administrators or designess (I) (O) Direct Service Staff (I) (O) Parents	- Joint Parent Conference Evaluation	- Were criteria determined for conducting joint parent conferences? What were the criteria? - Were students identified who met the criteria? How many? - Did pre-planning take place for joint conferences? - How many joint parent conferences were held? - Were evaluations completed? What were the results?

E. EVALUATION OF CONCURRENT SERVICES ACTIVITIES

Strategy	Required Actions	Who is Involved	Materials	Documentation Questions
E1. Evaluate the concurrent services activities.	- Determine methods and responsibilities for parent and staff evaluations of the concurrent services arrangement. - Parents evaluate the collaborative activities and make recommendations for improvement. - Staff members evaluate the collaborative activities and make recommendations for improvement. - Summarize results of surveys. - Revise collaborative activities based on evaluation results.	Administrators or designees (I) (O) Direct Service Staff (I) (O) Parents	- Parent Satisfaction Survey - Staff Satisfaction Survey	- How many parents completed the survey? What were the results? - How many staff members completed the survey? What were the results? - Were the results of the surveys summarized and reported to staff and parents? - Were the collaborative activities revised based on evaluation results? If not, why? If yes, how?